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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	09/591,147
Filing Date	June 9, 2000
First Named Inventor	Carol Ann Trufant
Art Unit	3712
Examiner Name	Dimitry Suhol
Attorney Docket Number	CT01

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Need for another client-attorney matching to achieve a sustainable attorney-client relationship.

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1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Carol Ann Trufant		
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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